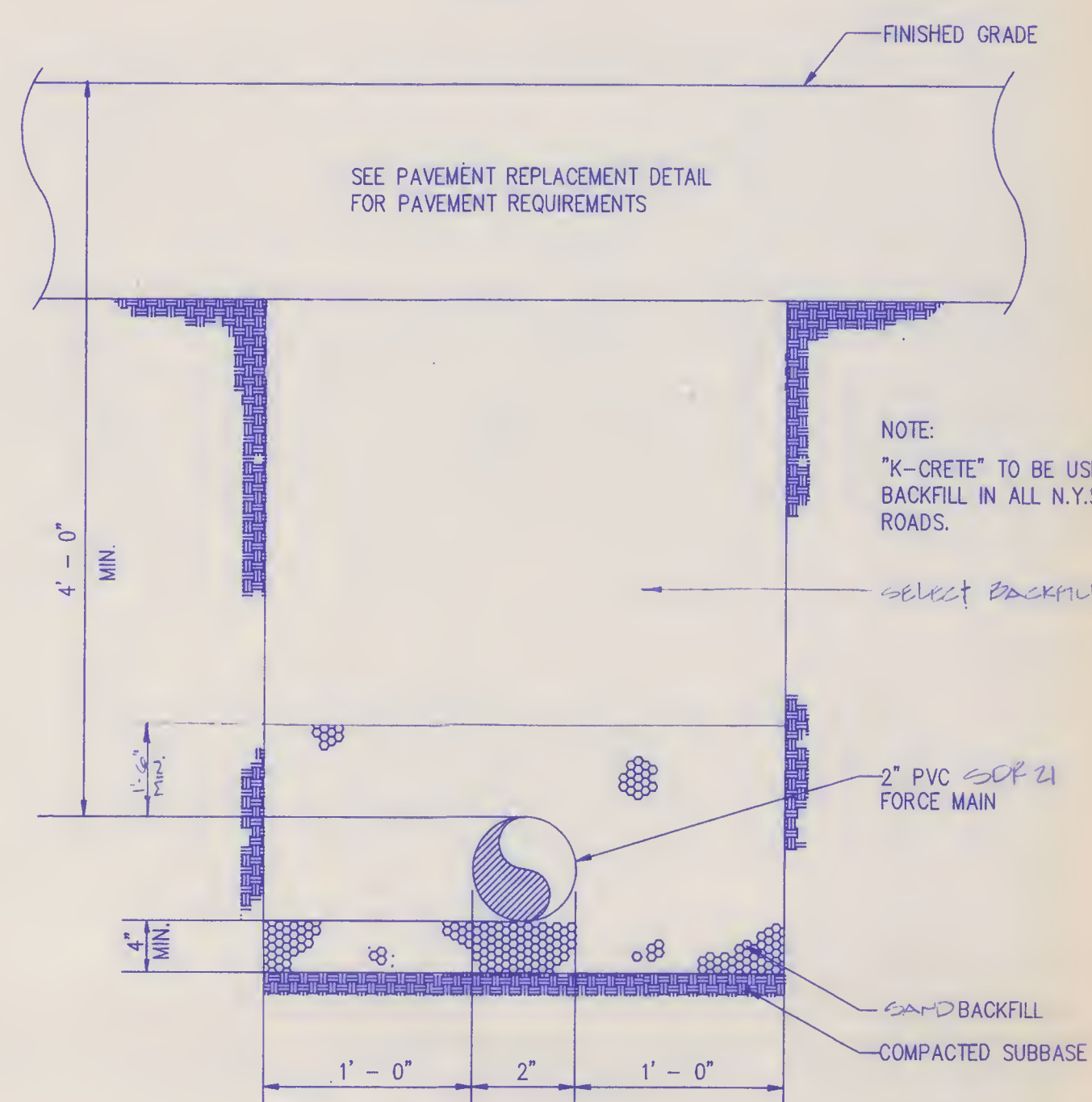
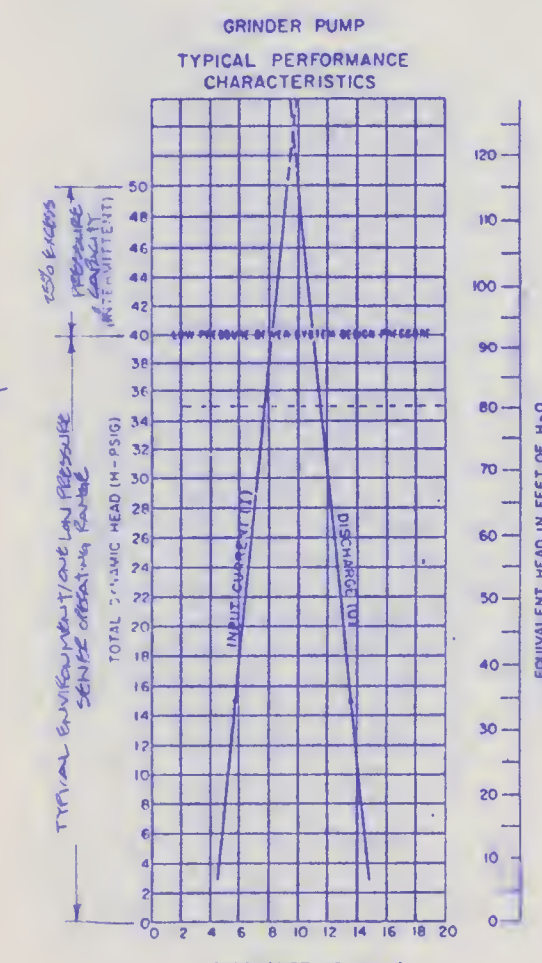
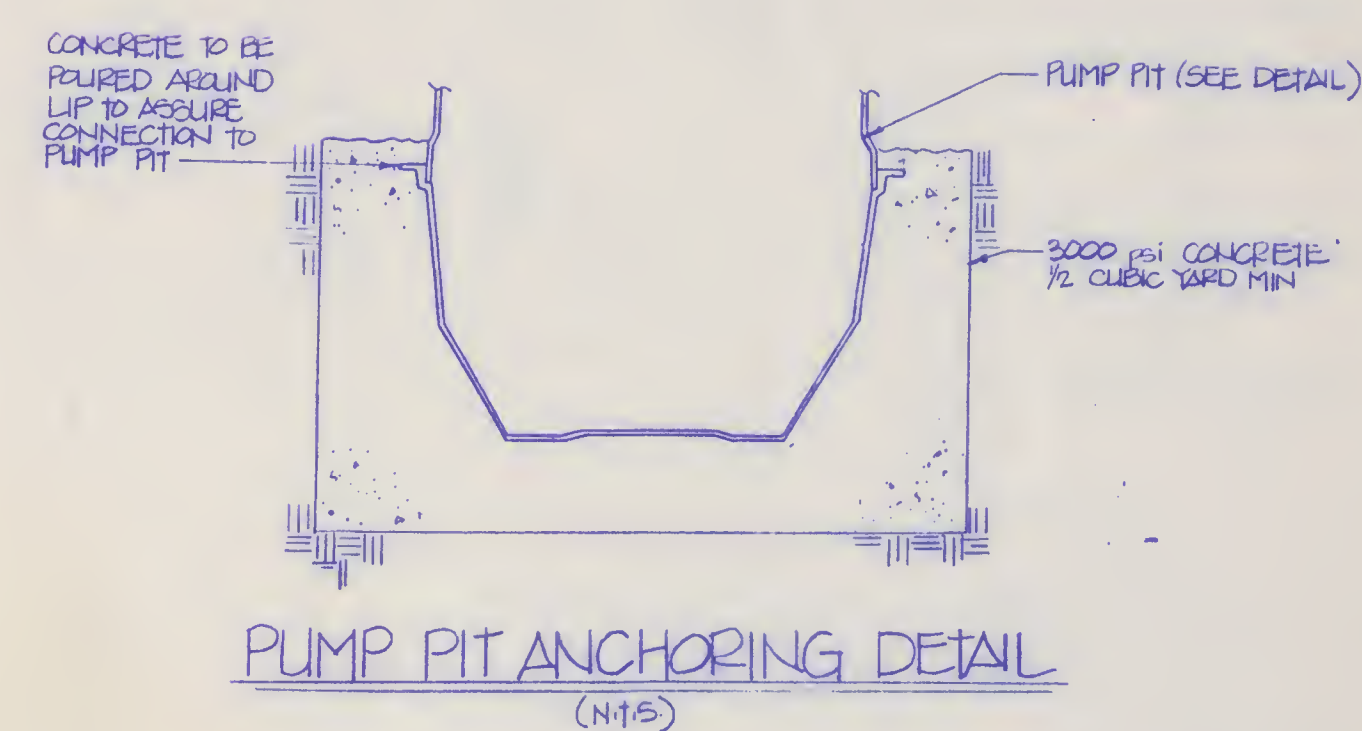
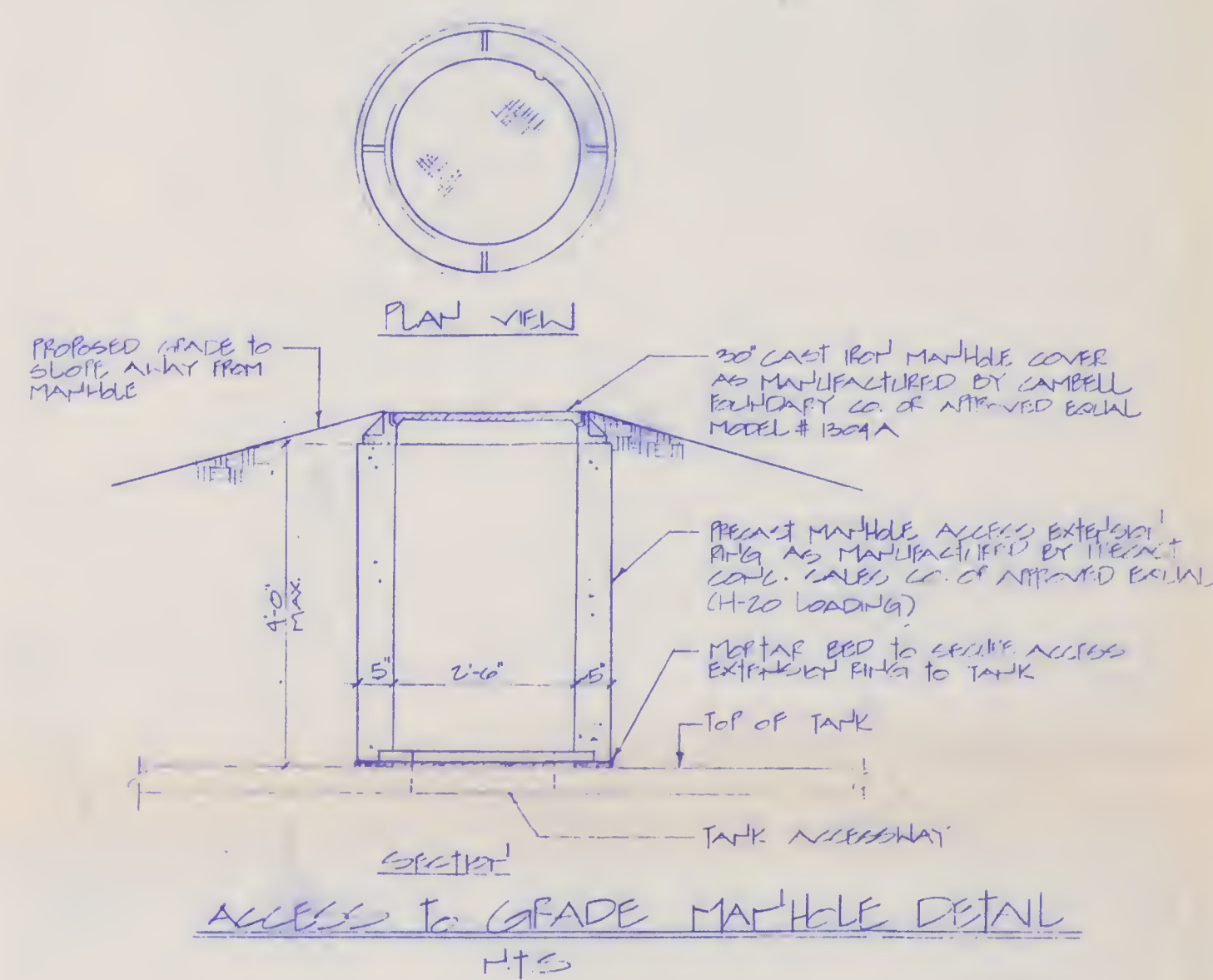


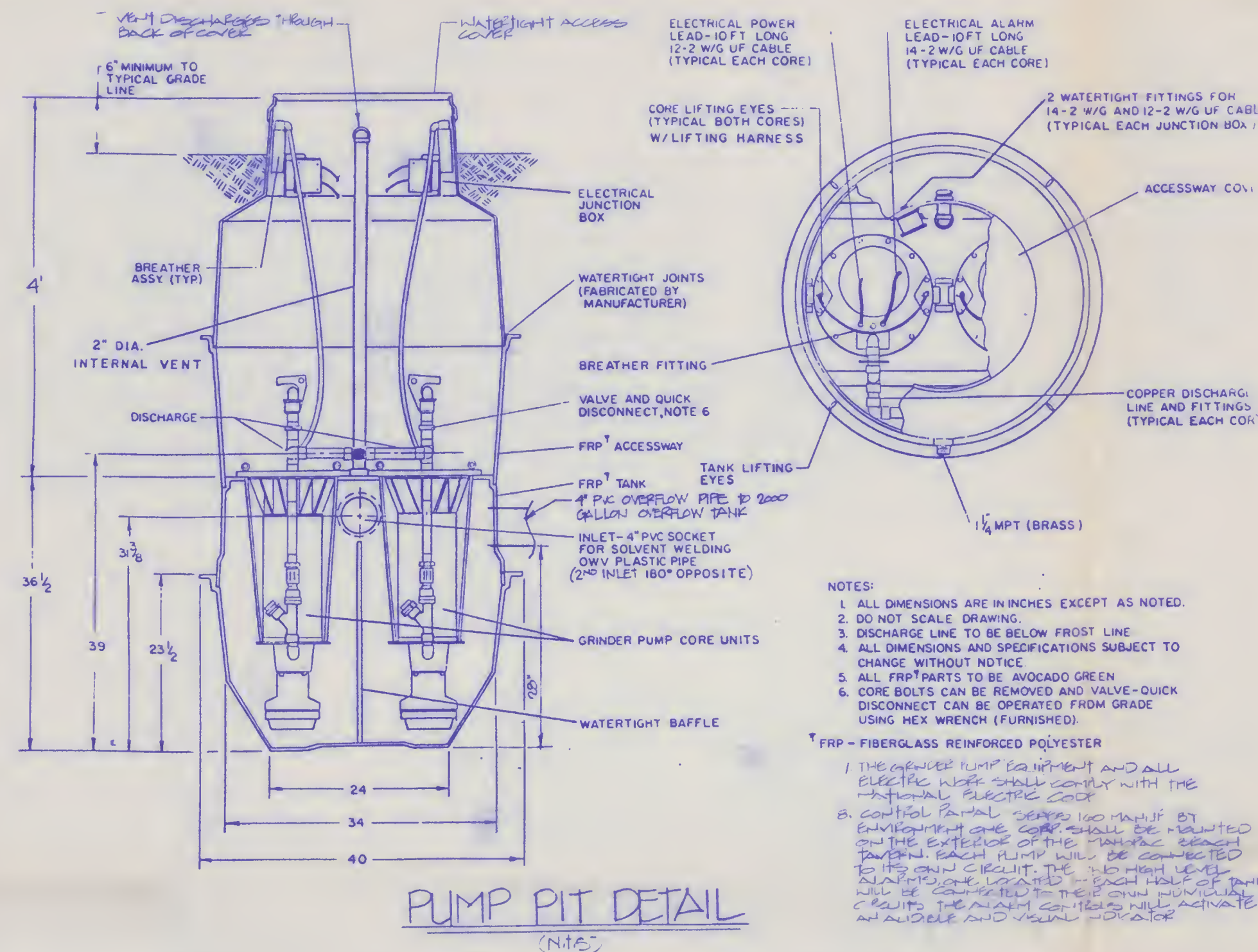
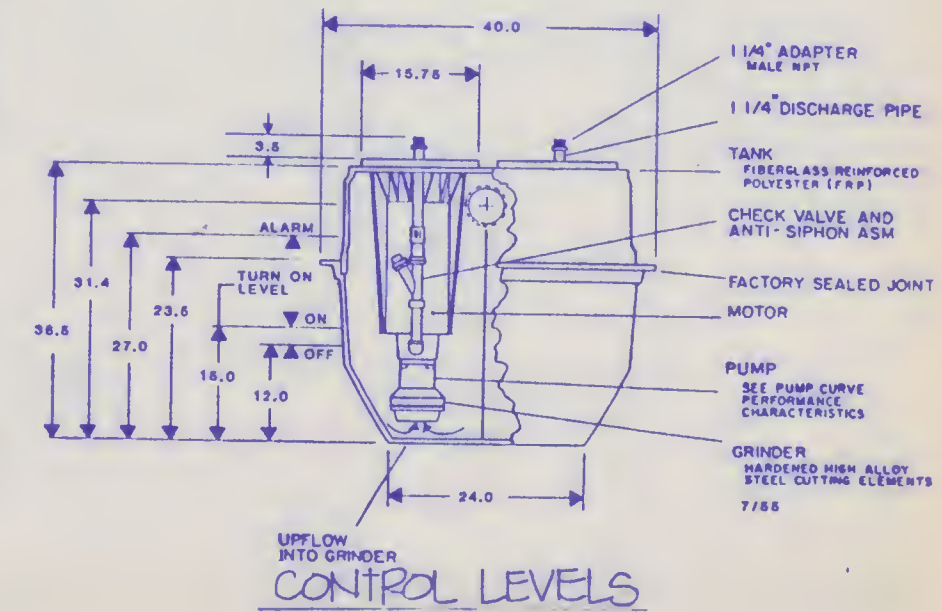
PAVEMENT REPLACEMENT DETAIL



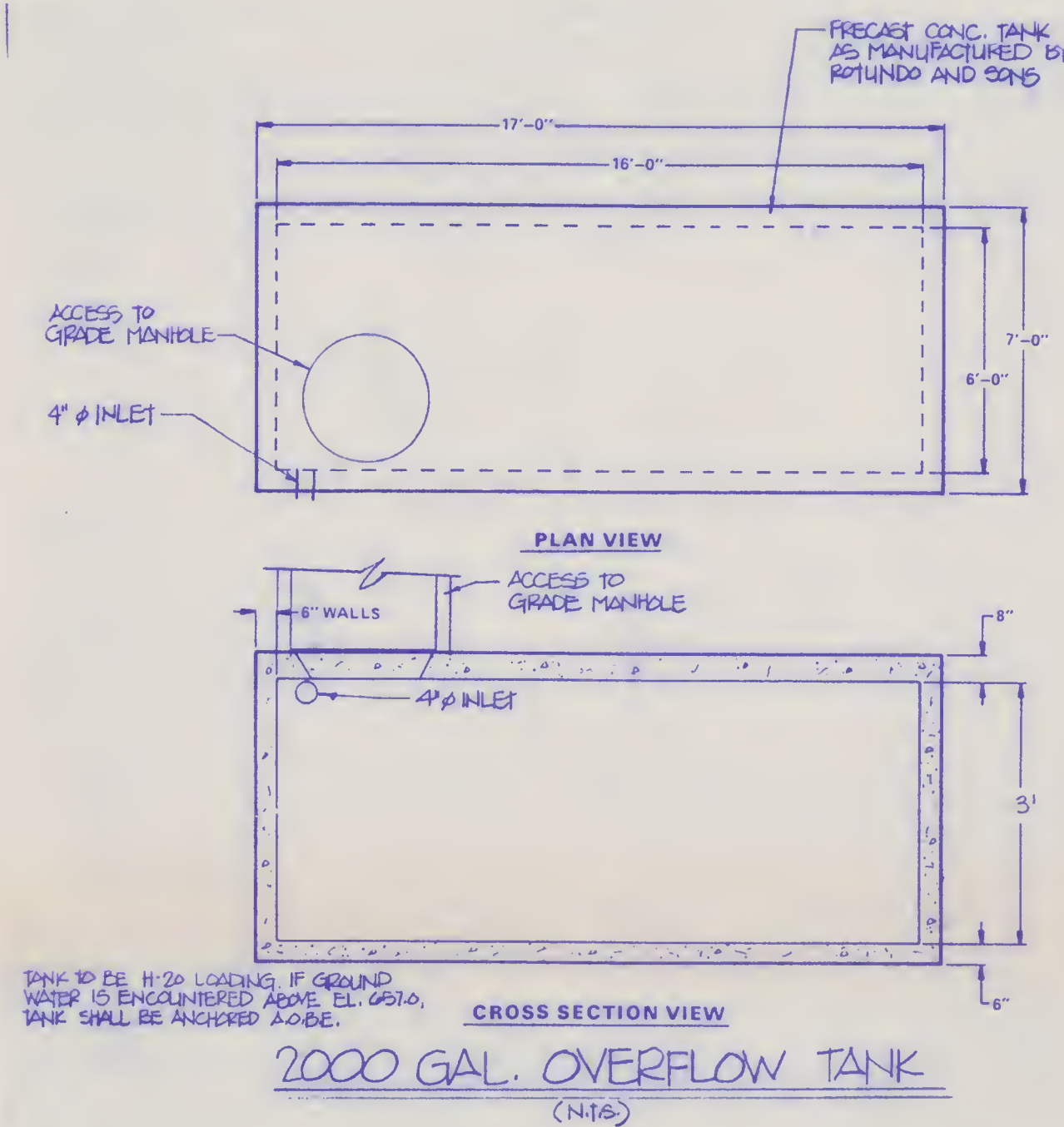
FORCE MAIN TRENCH DETAIL (N.T.S.)



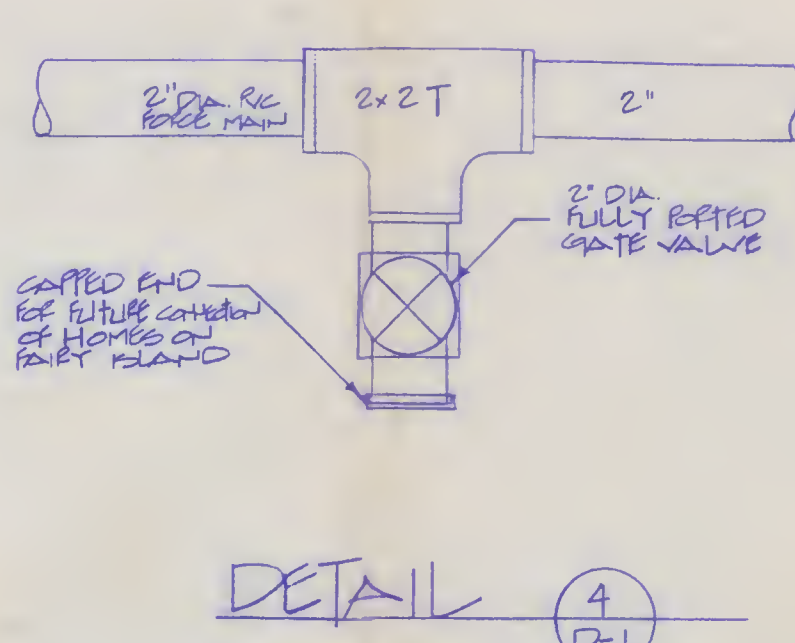
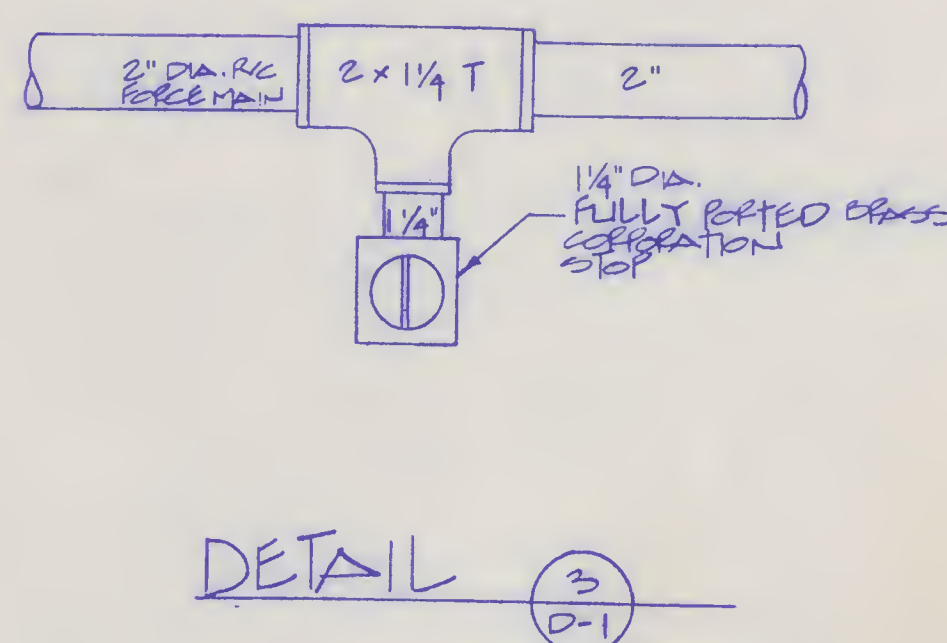
PUMP CURVE



PUMP PIT DETAIL (N.T.S.)

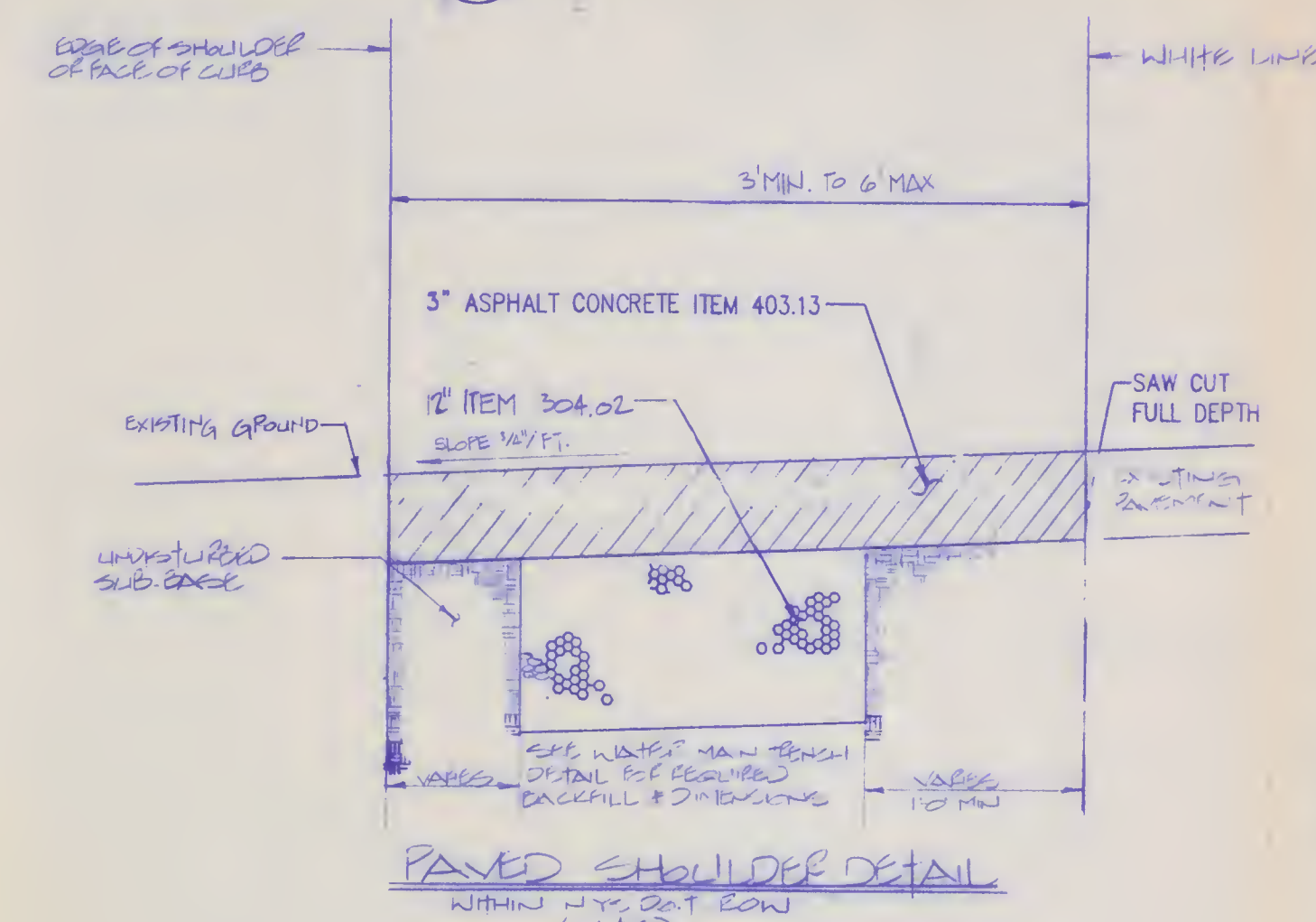


2000 GAL. OVERFLOW TANK (N.T.S.)



- FLUSHING CONNECTIONS
1. LOW PRESSURE SEWER SYSTEM (LPSS) MAIN
  2. GATE VALVE - fully ported, size of LPSS main.
  3. VALVE BOX - length as required. 6\"/>
  - 4. WYE - size of LPSS main.
  - 5. 3\"/>
  - 6. 3\"/>
  - 7. 3\"/>
  - 8. 2\"/>
  - 9. 2\"/>
  - 10. PRECAST CONCRETE VALVE BOX - 18\"/>
  - 11. COVER - 18\"/>
  - 12. COVER - 18\"/>
  - 13. GRAVEL BEDDING -
  - 14. CONCRETE PAD
  - 15. INSULATION
  - 16. FINISHED GRADE

DETAIL 2 (D-1)



NOTE: PAVED SHOULDER SECTION ALSO APPLIED TO DRIVEWAYS IN STATE ROAD

PUTNAM COUNTY HEALTH DEPARTMENT NOTES

1. Putnam County Health Department certification is based on the location of the pump pit, overflow tank, well, building setbacks, road and driveways as shown on the approved drawing. Modifications are to have prior Putnam County Health Department approval.
2. Unauthorized modifications made to this drawing after the date of Putnam County Health Department approval voids said approval.
3. Putnam County Health Department approval is based on use by a maximum of 100 patrons. Any increase in the number of patrons will require prior approval from this Department.
4. A water meter shall be installed and daily readings furnished to the Putnam County Health Department each month.
5. The pump pit is to receive sanitary wastes only. The discharge of industrial wastes, contaminated cooling water, or other deleterious substances into or onto the surface of the ground is prohibited. The Putnam County Health Department reserves the right of inspection of the premises to insure compliance with these requirements.
6. Putnam County Health Department shall be promptly notified in the event that any wastes other than strictly domestic sanitary wastes are produced at this facility.
7. The conditions noted on the Putnam County Department of Health Letter of Approval are an integral part of this approval and compliance is required.
8. The existing SDDN is to be permanently abandoned any tankage is to be cleaned, crushed, and filled with suitable fill.

NO.	DATE	REVISION	BY
6	1/24/93	REV PER RCH COMMENTS	JMK
5	1/7/93	REV PER RCH COMMENTS	JMK
4	2/7/92	REV PER RCH COMMENTS	JMK
3	7/29/92	REV PER RCH COMMENTS	JMK
2	7/21/92	REV PER RCH COMMENTS	JMK
1	6/9/92	REV PER RCH COMMENTS	JMK

PROJECT	THE MAHOPAC BEACH
DRAWING	DETAILS
PROJECT NO.	92106
DATE	3-4-92
SCALE	AS NOTED
PROJECT MANAGER	JUC
DRAWN BY	MPB
CHECKED BY	WJS
DRAWING NO.	D-1
SHEET	2